



# Conejo Recreation & Park District

Return completed application to Conejo Center/Outdoor Unit 1175 Hendrix Ave. Thousand Oaks, CA 91360  
[ccc@crpd.org](mailto:ccc@crpd.org) 805-495-2163

Camp Counselor \$14.24-\$16.02/hr  Senior Camp Counselor \$14.72-\$16.56/hr  Camp Director \$16.40-\$18.45/hr

PERSONAL INFORMATION			
NAME		SOCIAL SEC. NO. (optional)	
CURRENT ADDRESS Street	City	State	Zip
CELL TELEPHONE		HOME TELEPHONE	
DRIVER'S LICENSE NO.	STATE	EXPIRES	TYPE
DO YOU HAVE ANY RELATIVES WORKING FOR CONEJO RECREATION AND PARK DISTRICT?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, WHOM?		WHICH DIVISION?	

EDUCATION AND TRAINING			
HIGH SCHOOL GRADUATE / GED CERTIFICATE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF NO, CIRCLE HIGHEST GRADE <b>COMPLETED</b>		9 <sup>TH</sup>	10 <sup>TH</sup> 11 <sup>TH</sup>
COLLEGE, BUSINESS OR TRADE SCHOOLS ATTENDED Name & Location (City)	COURSE OF STUDY	CREDIT EARNED	DEGREE
	Major	Qtr <input type="checkbox"/> Sem <input type="checkbox"/> Hours _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Type _____
	Major	Qtr <input type="checkbox"/> Sem <input type="checkbox"/> Hours _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Type _____
	Major	Qtr <input type="checkbox"/> Sem <input type="checkbox"/> Hours _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Type _____

ADDITIONAL INFORMATION					
PROFESSIONAL TRAINING, CONFERENCES AND WORKSHOPS ATTENDED RELATED TO THE POSITION <i>(use separate sheet if necessary)</i> .					
PROFESSIONAL OR TRADE LICENSE, CERTIFICATES OR REGISTRATIONS:					
TYPE:	LICENSE NO.:	STATE:	EFFECTIVE DATE:	FROM:	TO:

**A RESUME WILL NOT SUBSTITUTE FOR THIS SECTION**

**EMPLOYMENT HISTORY**

LIST ALL PERIODS OF EMPLOYMENT FOR THE LAST TEN YEARS, BEGINNING WITH THE MOST RECENT. INCLUDE VOLUNTEER, MILITARY, OR OTHER SPECIAL EXPERIENCE IF APPLICABLE (attach additional sheets as necessary).

EMPLOYER			JOB TITLE
ADDRESS	FROM Mo Yr	TO Mo Yr	DUTIES
CITY	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> HOURS WORKED/VOLUNTEERED PER WEEK _____		
STATE ZIP			
TELEPHONE			
SUPERVISOR			
REASON FOR LEAVING			MAY WE CONTACT?

EMPLOYER			JOB TITLE
ADDRESS	FROM Mo Yr	TO Mo Yr	DUTIES
CITY	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> HOURS WORKED/VOLUNTEERED PER WEEK _____		
STATE ZIP			
TELEPHONE			
SUPERVISOR			
REASON FOR LEAVING			MAY WE CONTACT?

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ADDRESS	FROM Mo Yr	TO Mo Yr	DUTIES
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STATE ZIP			
TELEPHONE			
SUPERVISOR			
REASON FOR LEAVING			MAY WE CONTACT?

**CERTIFICATION OF APPLICANT**

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE, AND THAT ANY MISSTATEMENT OF MATERIAL FACTS MAY RESULT IN TERMINATION OF THE CONTRACT.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_